

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-015249**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **149**  
**FILED APR 20 1962**

Primary Registration District No. **1002** Registrar's No.

**1928**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Waldo S. Holt

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>				Length of stay in lb <b>4 Weeks</b>		c. CITY OR TOWN <b>Helena-Rural</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>3336 Gillham Rd.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. R. #11, Helena, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>JOHN</b> Last <b>HARRISON</b>				4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cauc.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/29/1892</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Beatrice, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles G. Harrison</b>				13b. MOTHER'S MAIDEN NAME <b>Estella Goodall</b>		14. NAME OF HUSBAND OR WIFE <b>Lera Harrison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				17. INFORMANT Address <b>R. R. #1, Helena, Mo.</b> <b>Mrs. Lera Harrison</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Urethral obstruction due to Cancer of prostate</b> DUE TO (b) <b>6 mo.</b> DUE TO (c) <b>2 weeks</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized arteriosclerosis</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>6:55</b> a.m. <b>A.</b> Month, Day, Year <b>3-8-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Helena, Mo.</b>	
21. I attended the deceased from <b>3-8-62</b> to <b>4-4-62</b> and last saw him alive on <b>4-2-62</b> Death occurred at <b>6:55 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Waldo S. Holt</b>		(Degree or title)		22b. ADDRESS <b>4620 N. 10th St., Parkville, Kansas City, Mo.</b>		22c. DATE SIGNED <b>4/4/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/6/1962</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Rossville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rossville, Kansas</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>		ADDRESS <b>1331 Brush Creek Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>4-6-62</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

W. Maeda J. Hall  
Please Refuse Body - 4620 J. C. Nichols Hwy  
1:30 P.M.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Louis Quent*

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.